	PATENT A	APPLICATIO Effect	Application or Docket Number 09/865/37/ ROC 9200/0/09										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			45				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			o 9 minus 20=		. 24		ſ	X\$ 9=		OR	X\$18=	450	
INDEPENDENT CLAIMS			△ minus 3 =				I	X40=		OR	X80=	80	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135=			OR:	+270=		
* f	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	240	
CLAIMS AS AMENDED - PART II								CMALL	CNTITY	₩	OTHER SMALL		
(Column 1) (Column 2) (Column 3)							r	SMALL	ADDI-	OR	ONIALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 44	Minus	** 4	5	=		X\$ 9=		OR	X\$18=	18	
AME	Independent	· 5	Minus	***	4	= /		X40=		OR	X80=	86	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	90	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	104	
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	l ·	OR	X\$18=		
	Independent	•	Minus	***	T 01 4 11 1	=		X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	OLTIPLE DEF	ENUEN	LAIM			+135=	·	OR	+270=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NU/s PREVI	HEST #BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	••		=		X\$ 9=		OR	X\$18=	;	
ME	Independent	•	Minus	***		-		X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDEN	T CLAIM		┚┞	.105		1	1970		
١.	If the entry in colu	ımn 1 is less than I	the entry in colu	ımn 2. writ	te "0" in co	dumn 3.	L	+135=		OR	+270= TOTAL		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													